GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015

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HOUSE BILL 465 PROPOSED COMMITTEE SUBSTITUTE H465-PCS30342-TK-29

Short Title: 72 Hours Informed Consent by Person or Phone. (Public)

Sponsors:

Referred to:

April 2, 2015

A BILL TO BE ENTITLED

AN ACT TO REQUIRE 72 HOURS FOR THE PROVISION OF INFORMED CONSENT, EITHER BY TELEPHONE OR IN PERSON, AND TO CLARIFY AND MODIFY CERTAIN LAWS PERTAINING TO ABORTION.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 14-45.1 reads as rewritten:

"§ 14-45.1. When abortion not unlawful.

- (a) Notwithstanding any of the provisions of G.S. 14-44 and 14-45, it shall not be unlawful, during the first 20 weeks of a woman's pregnancy, to advise, procure, or cause a miscarriage or abortion when the procedure is performed by a physician licensed to practice medicine in North Carolina in a hospital or clinic certified by the Department of Health and Human Services to be a suitable facility for the performance of abortions.
- (b) Notwithstanding any of the provisions of G.S. 14-44 and 14-45, it shall not be unlawful, after the twentieth week of a woman's pregnancy, to advise, procure or cause a miscarriage or abortion when the procedure is performed by a physician licensed to practice medicine in North Carolina in a hospital licensed by the Department of Health and Human Services, if there is substantial risk that continuance of the pregnancy would threaten the life or gravely impair the health of the woman.
- (b1) A physician who advises, procures, or causes a miscarriage or abortion after the eighteenth week of a woman's pregnancy shall record all of the following: the method used by the physician to determine the probable gestational age of the unborn child at the time the procedure is to be performed; the results of the methodology, including the measurements of the unborn child; and an ultrasound image of the unborn child that depicts the measurements. The physician shall provide this information, including the ultrasound image, to the Department of Health and Human Services pursuant to G.S. 14-45.1(c).

A physician who procures or causes a miscarriage or abortion after the twentieth week of a woman's pregnancy shall record the findings and analysis on which the physician based the determination that continuance of the pregnancy would threaten the life or gravely impair the health of the woman and shall provide that information to the Department of Health and Human Services pursuant to G.S. 14-45.1(c).

The information provided under this subsection shall be for statistical purposes only, and the confidentiality of the patient shall be protected. It is the duty of the physician to submit information to the Department of Health and Human Services that omits identifying information of the patient and complies with Health Insurance Portability and Accountability Act of 1996 (HIPAA).



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- (c) The Department of Health and Human Services shall prescribe and collect on an annual basis, from hospitals or elinies-clinics, including ambulatory surgical facilities, where abortions are performed, such representative samplings of statistical summary reports concerning the medical and demographic characteristics of the abortions provided for in this section section, including the information described in subsection (b1) of this section as it shall deem to be in the public interest. Hospitals or clinics where abortions are performed shall be responsible for providing these statistical summary reports to the Department of Health and Human Services. The reports shall be for statistical purposes only and the confidentiality of the patient relationship shall be protected.
- (d) The requirements of G.S. 130-43-G.S. 130A-114 are not applicable to abortions performed pursuant to this section.
- (e) Nothing in this section shall require a physician licensed to practice medicine in North Carolina, any No physician, nurse, or any other health care provider who shall state an objection to abortion on moral, ethical, or religious grounds, grounds shall be required to perform or participate in medical procedures which result in an abortion. The refusal of a physician, nurse, or health care provider to perform or participate in these medical procedures shall not be a basis for damages for the refusal, or for any disciplinary or any other recriminatory action against the physician, nurse, or health care provider. For purposes of this section, the phrase "health care provider" shall have the same meaning as defined under G.S. 90-410(1).
- (f) Nothing in this section shall require a hospital, other health care institution, or other health care provider to perform an abortion or to provide abortion services."

SECTION 2. G.S. 90-21.82 reads as rewritten:

"§ 90-21.82. Informed consent to abortion.

No abortion shall be performed upon a woman in this State without her voluntary and informed consent. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if all of the following conditions are satisfied:

(1) At least <u>24 hours 72 hours prior</u> to the abortion, a physician or qualified professional has orally informed the woman, by telephone or in person, of all of the following:

. . .

If the physician or qualified professional does not know the information required in sub-subdivisions a., f., or g. of this subdivision, the woman shall be advised that this information will be directly available from the physician who is to perform the abortion. However, the fact that the physician or qualified professional does not know the information required in sub-subdivisions a., f., or g. shall not restart the 24-hour 72-hour period. The information required by this subdivision shall be provided in English and in each language that is the primary language of at least two percent (2%) of the State's population. The information may be provided orally either by telephone or in person, in which case the required information may be based on facts supplied by the woman to the physician and whatever other relevant information is reasonably available. The information required by this subdivision may not be provided by a tape recording but shall be provided during a consultation in which the physician is able to ask questions of the patient and the patient is able to ask questions of the physician. If, in the medical judgment of the physician, a physical examination, tests, or the availability of other information to the physician subsequently indicates a revision of the information previously supplied to the patient, then that revised information may be communicated to the patient at any time before the performance of the abortion. Nothing in this section may be construed to

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preclude provision of required information in a language understood by the patient through a translator.

- (2) The physician or qualified professional has informed the woman, either by telephone or in person, of each of the following at least 24 hours 72 hours before the abortion:
 - a. That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care.
 - b. That public assistance programs under Chapter 108A of the General Statutes may or may not be available as benefits under federal and State assistance programs.
 - c. That the father is liable to assist in the support of the child, even if the father has offered to pay for the abortion.
 - d. That the woman has other alternatives to abortion, including keeping the baby or placing the baby for adoption.
 - e. That the woman has the right to review the printed materials described in G.S. 90-21.83, that these materials are available on a State-sponsored Web site, and the address of the State-sponsored Web site. The physician or a qualified professional shall orally inform the woman that the materials have been provided by the Department and that they describe the unborn child and list agencies that offer alternatives to abortion. If the woman chooses to view the materials other than on the Web site, the materials shall either be given to her at least 24 hours 72 hours before the abortion or be mailed to her at least 72 hours before the abortion by certified mail, restricted delivery to addressee.
 - f. That the woman is free to withhold or withdraw her consent to the abortion at any time before or during the abortion without affecting her right to future care or treatment and without the loss of any State or federally funded benefits to which she might otherwise be entitled.

The information required by this subdivision shall be provided in English and in each language that is the primary language of at least two percent (2%) of the State's population. The information required by this subdivision may be provided by a tape recording if provision is made to record or otherwise register specifically whether the woman does or does not choose to have the printed materials given or mailed to her. Nothing in this subdivision shall be construed to prohibit the physician or qualified professional from e-mailing a Web site link to the materials described in this subdivision or G.S. 90-21.83.

SECTION 3. G.S. 90-21.86 reads as rewritten:

"§ 90-21.86. Procedure in case of medical emergency.

When a medical emergency compels the performance of an abortion, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a 24-hour-72-hour delay will create a serious risk of substantial and irreversible impairment of a major bodily function, not including psychological or emotional conditions. As soon as feasible, the physician shall document in writing the medical indications upon which the physician relied and shall cause the original of the writing to be maintained in the woman's medical records and a copy given to her."

SECTION 4. If any provision of this act or its application is held invalid, the invalidity does not affect other provisions or applications of this act that can be given effect

without the invalid provisions or application, and to this end the provisions of this act are severable. If any provision of this act is temporarily or permanently restrained or enjoined by judicial order, this act shall be enforced as though such restrained or enjoined provisions had not been adopted, provided that whenever such temporary or permanent restraining order or injunction is stayed, dissolved, or otherwise ceases to have effect, such provisions shall have full force and effect.

SECTION 5. This section and Section 4 are effective when this act becomes law. G.S. 14-45.1(b1) and G.S. 14-45.1(c) as enacted by Section 1 of this act become effective January 1, 2016, and apply to abortions performed or attempted on or after January 1, 2016. The remainder of this act becomes effective October 1, 2015, and applies to abortions performed or attempted on or after October 1, 2015.

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